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CONFIRMATION NO. 8162

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|---|--|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/776,250  | <b>FILING OR 371(c) DATE</b><br>02/01/2001<br><b>RULE</b>  | <b>CLASS</b><br>424           | <b>GROUP ART UNIT</b><br>1643   | <b>ATTORNEY DOCKET NO.</b><br>1225/1G584US2 |
| <b>APPLICANTS</b><br>David Berd, Wyncote, PA;   |  |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/180,258 02/04/2000 and claims benefit of 60/259,501 01/03/2001 <i>KAC</i>  |  |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b> <i>(none) KAC</i>  |  |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br><b>** 04/27/2001</b>   |  |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>[Signature]</i> <i>KAC</i><br>Examiner's Signature Initials |  | <b>STATE OR COUNTRY</b><br>PA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>24                   |
| <b>INDEPENDENT CLAIMS</b><br>4  |  |                               |   |   |
| <b>ADDRESS</b><br>28977   |  |                               |   |   |
| <b>TITLE</b><br>Low dose haptenized tumor cell and tumor cell extract immunotherapy   |  |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>838   | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |